PERSONNEL ACTION FORM

Print Form

Last Name: **Prentice**   First Name: **Alyce**   M.I.:

Current Supervisor: **Xochitl Avellan**   Dept: **Ed Team**   Clock ID (HR Use Only):

CHECK ONE OF THE FOLLOWING: ☐ Teacher   ☐ Substitute   ☐ Classified   ☑ Home Office   ☑ Administrator

	CURRENT	NEW CHANGE	EFFECTIVE DATE* 1st or 16th only
☐ Region (e.g., NTL, TN, CA)			
☑ School Site/Dept. Name	Leadership	Ed Team	10/1/17
☑ Job Title	Principal	Area Superintendent	10/1/17
☑ Supervisor	Xochitl Avellan	Gordon Gibbings	10/1/17
☑ Salary		140,000	10/1/17
☐ Retirement (e.g., STRS)			
☐ Union (e.g., CTA)			
☐ Department (HR only)			
☐ Prorate Check			
☐ Retroactive Pay			
☐ Transfer Per. Leave			
☐ Split Pay to Locations(s):			

CHECK ALL APPLICABLE: ☐ Full Benefits   ☐ No Benefits   ☐ Full-Time   ☐ Part-Time%:

COMMENTS:

		Signature:		Date	
SUPERVISOR NAME:	Annett Gonzalez		*(signature)*		9/15/17
COMP COMMITTEE:					
HUMAN RESOURCES:	Natasha Gomez		Natasha Gomez		10/9/17
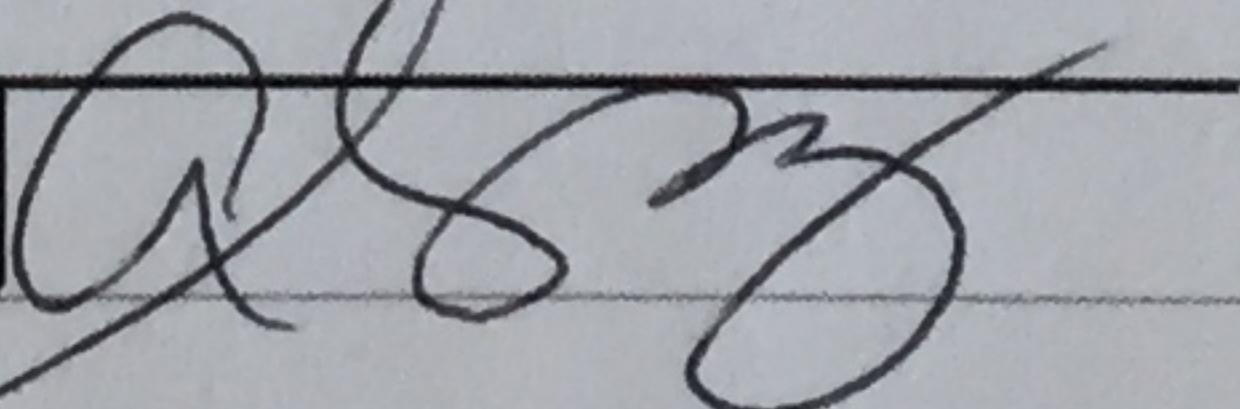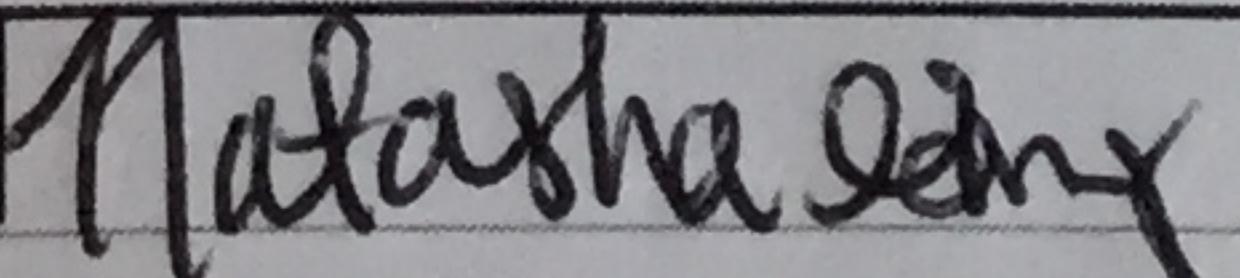
PLEASE SUBMIT TO ATTN: HUMAN RESOURCES